

DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **CATHETER PROTECTIVE SHIELD**, specification for which

is attached hereto.

was filed _____, Serial No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 and/or §365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Application Serial No.	Country	Filing Date	Priority Claimed
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I hereby claim priority benefits under Title 35, United States Code §119 of any provisional application(s) for patent listed below:

Application Serial No.	Filing Date	Priority Claimed
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I hereby claim the benefit under Title 35, United States Code, §120 and/or §365 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (Patented, Pending, Abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: David R. Saliwanchik, Reg. No. 31,794; Jeff Lloyd, Reg. No. 35,589; Doran R. Pace, Reg. No. 38,261; Christine Q. McLeod, Reg. No. 36,213; Jay M. Sanders, Reg. No. 39,355; James S. Parker, Reg. No. 40,119; Frank C. Eisenschenk, Reg. No. 45,332; Jean Kyle, Reg. No. 36,987; Seth M. Blum, Reg. No. 45,489; Glenn P. Ladwig, Reg. No. 46-853; Jon Michael Gibbs, Reg. No. 47,594; Margaret Efron, Reg. No. 47,545.

I request that all correspondence be sent to:

Seth M. Blum
2421 N.W. 41st Street, Suite A-1
Gainesville, FL 32606-6669

I further request that all telephone communications be directed to:

Seth M. Blum
(407) 426-7500

Name of First or Sole Inventor Sanford D. AltmanResidence Miami Beach, FL Citizenship United StatesPost Office Address 2555 Bay Avenue, Sunset Island #2Miami Beach, Florida 33140Date August 28, 2001

Signature of First or Sole Inventor

Name of Second Joint Inventor

Residence _____ Citizenship _____

Post Office Address _____

Date _____

Signature of Second Joint Inventor

Name of Third Joint Inventor

Residence _____ Citizenship _____

Post Office Address _____

Date _____

Signature of Third Joint Inventor

Name of Fourth Joint Inventor

Residence _____ Citizenship _____

Post Office Address _____

Date _____

Signature of Fourth Joint Inventor

Applicant or Patentee: Sanford D. Altman Attorney's
Serial or Patent No.: _____ Docket No. OAV-100
Filed or Issued: _____
For: Catheter Protective Shield

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9 (f) and 1.27 (b)) – INDIVIDUAL

As below named individual, I hereby declare that I qualify as defined in 37 CFR 1.9 (c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office, with regard to the invention entitled Catheter Protective Shield described in

the specification filed herewith
 application Serial No. _____, filed _____
 patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9 (c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey or license any rights in the invention is listed below:

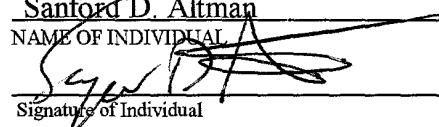
no such person, concern, or organization
 persons, concerns, organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring their status as small entities. (37 CFR 1.27)

FULL NAME _____ ADDRESS _____	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME _____ ADDRESS _____	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NONPROFIT ORGANIZATION
FULL NAME _____ ADDRESS _____	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change of status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

<u>Sanford D. Altman</u> NAME OF INDIVIDUAL  Signature of Individual	NAME OF INDIVIDUAL Signature of Individual	NAME OF INDIVIDUAL Signature of Individual
Date	Date	Date